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PHLEGMASIA ALBA DOLENS COMPLICATING LAPAROTOMY.

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This peculiar condition has been noticed quite frequently during the past year in my surgical practice, and although at no time has it proven dangerous still it has invariably delayed the convalescence and has shown itself to be an extremely painful and annoying affection. Owing probably to the patient's disappointment at having a "set-back," a considerable amount of depression accompanies the trouble. One peculiar feature noticeable in this connection is the fact that in all my surgical experience but one or two similar cases can be recalled, while within the past year and a half probably as many as ten or a dozen instances have been noted.

The cause of the affection has remained a complete mystery in spite of the fact that all the cases have been studied most carefully with the object of ascertaining the origin if possible and of putting a stop to it. It will therefore only be possible to record the facts of the cases in hopes that some other may have been more fortunate in his investigations, as I am convinced, from the frequency with which the condition has occurred in my hands, that other surgeons must have had similar experiences.

In puerperal phlegmasia it has been said that "it occurs for the most part in the second or third week after delivery; is limited to the lower extremity and chiefly to one side, exhibiting to the touch a feeling of numerous irregular prominences under the skin. It is hot, white and unyielding and is accompanied sooner or later with febrile excitement. After a few days the heat and hardness and sensibility diminish and the limb remains œdematous for a longer or shorter period." This description is a fairly true one of the cases referred to as occurring after laparotomy. The attack begins, as a rule, about or toward the end of the third week after the operation, at a time

when the patient is in apparent perfect health and about to leave her bed. The first symptom is the appearance of pain in the hip followed quickly by swelling of the part. The swelling and pain spread downward rapidly until within twenty-four hours the whole leg is involved. The swelling is excessive, and the tissues are hard to the touch with no evidence of œdema. In a few days the part becomes less hard and the pain is correspondingly relieved. At no time has any distinct line of redness been observed to follow the veins, although the tenderness is apt to be more noticeable at these points on pressure. The condition never has been accompanied by any septic evidence whatever. In no case has there been even a stitch-hole abscess. All the patients have had an easy and uneventful convalescence up to the period when the attack began. In none of them that can be remembered has the disease for which the operation was performed been a septic one. On the contrary, a remarkably large proportion of the cases have followed hysterectomy for fibroid tumors. The exceptions have not been more than two or three. That the complication is not alone peculiar to hysterectomy—and by this supravaginal hysterectomy alone is meant (not a single case having followed vaginal hysterectomy)—is borne out by the fact that it occurred in one case of unilateral ovariotomy and in one of hysterorrhaphy and perineorrhaphy. One leg alone is affected. In this connection it is worthy of note that in one patient from whom the *right* Fallopian tube and ovary had been removed the *left* leg was the one which became crippled.

The condition lasts from two to three or even four weeks before the last trace of it has disappeared. It almost invariably confines the patient to bed for two weeks at least. The swelling and pain leave gradually and about simultaneously. The application of the hand to the affected part conveys the sensation of considerable heat, although after the first day or two the thermometer in the mouth shows no particular rise in temperature. In several instances within the first twenty-four hours the temperature has been found as high as 101° but has fallen to the neighborhood of 99° within the next day. On the other hand, some cases have shown no rise from the first. The pulse remains correspondingly good, seldom exceeding eighty or eighty-five beats to the minute. The condition of mental depression has already been noted, but it has appeared to me that this has arisen more in consequence of the anxiety to return home and the attendant disappointment than from the disease.

The only treatment which has been adopted has been the applica-

tion of lead water and laudanum to the whole limb, for the sake of easing the local distress, and the keeping of the patient quiet in the recumbent position. All the cases have run much the same course and have required about the same length of time until they became well.

The complication has proved so interesting to me and withal so unusual, until recently, that it seemed eminently proper to bring it prominently before the profession in hopes that some feasible explanation might be found for it. That the cause is not a septic one is to me perfectly evident, and unless it can be attributed to a thrombosis (non-septic), or possibly to an embolus, I am unable to account for it. The thrombus theory would seem to be more feasible than that of embolus, as in all the cases the trouble begins in the hip and extends downward and distinctly does not begin in the foot and extend upward. It were not hard to imagine a thrombus giving rise to such a condition in a case where a hysterectomy had been performed and the uterine arteries were ligated ; but why and how it should occur in the case of a hysterorrhaphy is more of a mystery. And, again, why it should always be unilateral and for the most part confined to the left leg requires further elucidation.